

*Fee Only***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Charles B. Kendall

Serial No.: 10/605,363 Group Art Unit: 2882
Filed: September 25, 2003 Examiner: Song, Hoon K.
Title: X-RAY TUBE ENERGY-ABSORBING APPARATUS
Atty. Docket No.: 135775XT (GEMS 0221 PA)

I hereby certify that this correspondence is being transmitted via facsimile (703-872-9306) to
Examiner Hoon K. Song with the United States Patent and Trademark Office on:

April 26, 2005
Date of Deposit

Jo Anne Croskey

Jo Anne Croskey
Signature

AMENDMENT AND REQUEST FOR RECONSIDERATION

Mail Stop AF
Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits this Amendment and Request for Reconsideration in response to the Final Office Action dated March 10, 2005. Applicant submits that the case as herein amended is in a condition for allowance. However, this response is being submitted within two (2) months should the Examiner deem an Advisory Action appropriate.

05/24/2005 JHAYES 00000001 500476 10605363

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

19/605363

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

4/26/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus ** 25	= 3
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY OR

RATE	FEE
BASIC FEE	395.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	790.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	150.00
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	